

## **Maximizing Patient Commitment to Treatment**

The purpose of this series is to provide physicians and their staff information to help maximize the effectiveness of drug therapy. This monograph presents a snapshot of relevant research findings in the area of patient adherence. We hope you will find it useful as you implement a course of drug treatment for your patients.

### **Compliance vs. Adherence vs. Concordance: Importance of Patient-Physician Alliance**

Patient adherence is defined as the degree to which a patient's actions coincide with medical advice. Adherence relates to the patient's role in keeping medical appointments, taking medications, and altering one's lifestyle to achieve a healthier outcome. The term adherence is preferred to the term compliance, as some patients have negative associations with the latter term. A solid patient-physician alliance can produce concordance (or agreement) on a treatment plan, which in turn is key to adherence. Partial adherence means not taking or skipping a dose.

The patient-physician alliance describes the process whereby the patient and doctor share in the decision-making process within a model that emphasizes recovery. Because the process allows for a full investigation of patient needs and concerns, and because decisions are shared, the patient should be more invested in the treatment protocol once it is fully negotiated. With this as a foundation, patient self-monitoring and physician monitoring of progress, side effects and challenges with adherence can be mutual.

Within the context of a good patient-physician relationship, partial adherence can be viewed as an opportunity to revisit educational needs, management of persistent symptoms or side effects, or a beginning upon which to build full adherence to produce a good clinical outcome for the patient. With regard to children or patients with a guardian, it is equally important to outline respective treatment options, risks and benefits for the patient (as appropriate to their level of understanding) and for the parents and/or guardian. The patient and/or guardian must have a decision-making role in giving informed consent that is based on an understanding of the risks, benefits, indications and alternatives.

### **Factors Affecting Adherence**

We know that roughly 50% of patients on medication do not follow through with their treatment as prescribed. Patients who require long-term therapy generally have a lower rate of follow through than do patients who require short-term therapy. Additionally, one third of all patients requiring long-term therapy are nonadherent within the first four to six weeks of treatment. Approximately 75% of all patients requiring long-term therapy are nonadherent within the first 24 weeks of treatment. The lack of follow-through compromises the therapeutic process and limits the clinician's ability to judge the

effectiveness of treatment. Therefore, it is fitting that the medical community do all it can to ensure their patients are willing and able to follow a prescribed course of treatment.

There are several factors associated with patient nonadherence. Haynes, et al. (2002) suggest that adherence rates are affected by medical costs, duration of treatment and complexity of treatment. The authors note that long wait times at clinics and/or long periods between appointments may also compromise adherence. Elwyn, Edwards, and Britten (2003) suggest that a patient's beliefs and attitudes about medication impact his or her willingness to take drugs, especially medications used for preventive purposes or medications that produce significant side effects or other negative results. In summary, patients will find adherence difficult when they have:

- ❑ Negative attitudes about taking medication;
- ❑ A poor understanding of their illness;
- ❑ A weak relationship with their physician;
- ❑ Intolerable side effects;
- ❑ Experienced barriers in the system of care to getting timely and frequent appointments with the physician; and/or
- ❑ Problems obtaining their medication, including: cost of medications or co-pays; and, barriers such as prior authorization or need for transportation to the pharmacy.

As the physician, you are in a strong position to address directly with the patient or to alert key actors in the care system about these factors and their impact on adherence.

We know that patients are likely to adhere to short-term regimens when provided clear, concise and concrete instruction. We also know that adherence to regimens lasting over two weeks often requires a combination of interventions. McDonald, Garg and Haynes studied adherence rates related to persons with psychiatric illness. The study found that various groupings of interventions and compliance counseling improved clinical and adherence outcomes. The study also found that family-oriented therapies were successful in strengthening adherence.

The following sections provide an overview of how physicians and/or their staffs can plan and implement a medication regimen. Ideas were extrapolated from the Elwyn, Edwards, and Britten (2003) and the Haynes, McDonald and Garg (2002) articles. We hope you find the information useful as you prepare an organized and personalized approach to drug treatment.

### **Suggestions that may be used to help an individual increase his/ her commitment to medication therapy**

When contemplating a medication regimen, consider adopting these three simple strategies:

1. The easier the regimen is to understand the easier it will be to follow.
2. The more compatible the regimen is with the patient's lifestyle, the easier it will be for the patient to integrate the regimen into his or her lifestyle.

3. The more informed and empowered the patient is during the decision-making process, the more likely the patient will be to embrace the decision.

**Tools that may be used where appropriate to help an individual increase their commitment to medication therapy**

**I. Cultivate a sense of patient ownership for and commitment to treatment, to the greatest extent possible**

- ☐ Enlist the patient's help in articulating the problem that requires treatment.
- ☐ Outline respective treatment options, risks and benefits for the patient and/or guardian. The patient or guardian must have a decision-making role in giving informed consent that is based on an understanding of the risks, benefits, indications, and alternatives. If the patient needs time to consider the issues and alternatives before making a decision, allow time for the patient to consider them, if possible. Review the patient's needs and preferences after he or she has considered the issues.
- ☐ Maintain the patient's involvement in treatment decisions over time.

**II. Enlist the patient's help in organizing an effective system to take medication**

- ☐ Give clear, concrete, verbal instructions about the treatment regimen. Use written materials to reinforce the message. Additionally, consider the patient's ability to process and recall information and tailor the discussion, plan and materials accordingly.
- ☐ Tailor the regimen to daily habits, where possible.
- ☐ Use special reminder pill packaging.
- ☐ Employ dose-dispensing units.
- ☐ Employ medication charts.
- ☐ Simplify the regimen by minimizing the dosing.
- ☐ Keep the regimen as simple as possible.

**III. Reinforcing follow through**

- ☐ Remind the patient about the importance of continuing to take medication(s) and the risks involved in discontinuing them.
- ☐ Monitor adherence and/or suggest a self-monitoring protocol.
- ☐ Reinforce the patient's efforts to adhere on an ongoing basis.
- ☐ Consider scheduled telephone follow up to reinforce adherence.
- ☐ Monitor the patient's drug concentrations.

- ❑ Contact patients who have missed appointments, because missed appointments often signal that the patients' commitment is waning or that their condition has changed.
- ❑ Monitor pharmacy refills.
- ❑ Involve supports from family and significant others.
- ❑ Provide information on available community supports and family supports.
- ❑ Remind the patient of upcoming appointment and medication refills.
- ❑ Suggest that the patient attend peer support group sessions and educational groups.

#### **IV. Ensuring that the Course of Treatment is on Track**

- ❑ Monitor the patient's side effects. If the patient's side effects are unacceptable, consider alternative medications.
- ❑ Are the target symptoms affected by treatment?
- ❑ Review and assess the treatment at every contact.

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## **Additional Readings**

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